

OBESE	(113)
OVERWEIGHT	(114)

PARTICIPANT TYPE.....CHILDREN \geq 24 MONTHS OLD HIGH RISK.....No

RISK DESCRIPTION:

DEFINITION OF OBESE: BMI-for-age $\geq 95^{\text{th}}$ percentile

DEFINITION OF OVERWEIGHT: BMI-for-age $\geq 85^{\text{th}}$ and $< 95^{\text{th}}$ percentile

Notes: This risk can only be assigned using a standing height measurement because BMI values are not calculated based on recumbent length measurements.

These risks are based on the 2000 National Center for Health Statistics/Centers for Disease Control and Prevention age and sex specific growth charts.

The terms overweight and obese are only to be used for documentation and risk assessment. More neutral terms such as weight disproportional to height, excess weight, BMI should be used when discussing a child's weight with a parent/guardian.

ASK ABOUT:

- Parent and caregiver knowledge and attitudes about development of good eating habits, satiety cues, and nutrition
- Possible contributors (e.g., nutritional, medical, developmental or social factors that may affect growth)
- Growth history and weight gain pattern
- Parent's perception of the child's weight status
- Primary care provider's recommendations and advice
- Family's readiness and interest in making behavior changes
- Behaviors that the parents identify as appropriate ones to target. Consider current behaviors that most contribute to energy imbalance, the family's cultural values and preferences, the family's schedule, and living circumstances

NUTRITION COUNSELING/EDUCATION TOPICS:

- Focus on behaviors with the goal of improving health, not treating the child's overweight condition.

NUTRITION COUNSELING/EDUCATION TOPICS (CON'T):

- If child is consuming a diet low in nutrients, explain the relationship between good nutrition and normal growth and development.
- Encourage healthy eating patterns for the family that may help prevent excessive weight gain and also are unlikely to cause harm.
 - Limit consumption of sugar-sweetened beverages such as fruit drinks, fruit punch, sports drinks, and sodas.
 - Eat breakfast daily.
 - Encourage eating the recommended quantities of fruits and vegetables based on the child's age.
 - Prepare more meals at home rather than eating out at restaurants, especially fast food restaurants.
 - Limit portion sizes to age-appropriate servings.
 - Eat a diet rich in calcium. However, some children may need to reduce their milk intake to no more than 16 oz. per day. Low-fat milk (i.e., 1% or fat-free) is recommended for children 2 years and older.
 - Serve whole fruit and limit fruit juice intake (4 oz/day for 1-3 year olds and 6 oz/day for children 4-5 years).
 - Limit consumption of energy-dense foods.
 - Suggest weaning from the bottle if appropriate.
 - Offer nutritious snacks such as fruits and vegetables, low fat dairy foods, and whole grains.
 - Offer water to drink when thirsty between meals.
- Reinforce the principles of a healthy feeding relationship:
 - Encourage family meals at least 5 or 6 times per week.
 - Set regular meal and snack times. Discourage grazing or snacking throughout the day.
 - Remind parents that they are responsible for what kinds of foods are offered for meals and snacks at home.
 - Allow the child to self-regulate food intake.
 - Encourage parents to model healthy food choices.
- Discuss the family's activity level and make appropriate suggestions for increasing activity:
 - Limit television and video time to no more than 2 hours per day.
 - Remove televisions and other screens from the child's primary sleeping area.
 - Aim for at least one hour of physical activity per day. Unstructured play is most appropriate for young children.
- The goal is weight maintenance with growth resulting in decreasing BMI as age increases. Weight-loss is not recommended. However, if weight loss occurs in children with a BMI-for-age percentile $\geq 95^{\text{th}}$ with a healthy adequate diet, it should not exceed 1 lb/month.

POSSIBLE REFERRALS:

- Refer to primary health care provider if weight and length rechecks confirm that BMI-for-age percentiles continue to increase.
- Refer to primary health care provider or dietitian if additional support and structure appears to be needed for the family and child to achieve the nutrition and physical activity behaviors listed previously.